

CLAIMS ONLY						Application Number		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend		
1			/				51				
2			/				52				
3			/				53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			3								
Total Depend			32								
Total Claims			35								